



Texas Department of Agriculture
Pesticide Applicator Business Registration
Nonoccupational

PAB-300

TODD STAPLES, COMMISSIONER

SECTION A	¹ BUSINESS TYPE			
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> General Partnership	
	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Cooperative	
	<input type="checkbox"/> Other (specify) _____			
	² APPLICANT INFORMATION			
	Full legal business name (owner's name if sole proprietor – no aliases)			
	D.B.A. (if applicable)			
	Comptroller Taxpayer ID No. (in-state businesses only)		Is this a temporary ID? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Federal Taxpayer ID No. (out-of-state businesses only)			
<input type="checkbox"/> Social Security No. (Optional for Sole Proprietor applying for Nonoccupational License) - -				
<input type="checkbox"/> Required for Sole Proprietor applying for Nonoccupational License		<input type="checkbox"/> Driver's License _____		<input type="checkbox"/> TX
		<input type="checkbox"/> State-Issued ID _____		<input type="checkbox"/> Other _____

SECTION B	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO, ♦ For a limited or general partnership, the managing partner or general manager, ♦ For a sole proprietorship, the owner, ♦ For any other type of business, the general manager. 			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		First Name	M. I.	Last Name
<input type="checkbox"/> Ms. <input type="checkbox"/> _____				
Phone No. () - Ext.			E-mail	

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name _____

SEC. B (CON'D)	³ RESPONSIBLE PERSON MAILING ADDRESS			
	Address			
	City	State	Zip	County

SECTION C	¹ PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name	M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	² MAILING ADDRESS			
Address				
	City	State	Zip	County

SECTION D	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF APPLICATOR BUSINESS			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

SEC. E	¹ INSURANCE INFORMATION	
	Company Name	Policy No.

Legal Business Name _____

SEC. F	¹ EMPLOYED LICENSED APPLICATOR INFORMATION	
	Printed Name of Licensed Commercial Applicator	TDA License No.

SECTION G	¹ DESCRIPTION OF EQUIPMENT					
	Ground or Aerial	Ground Equipment – List Serial No. Aerial Equipment – List FAA No.	Year	Brand Name	Make/Model	TDA USE ONLY Decal No.
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					

SECTION H	¹ SIGNATURE	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name (print)	Title
	Applicant Signature	Date (mm/dd/yyyy) / /